Breakdown of GO HELP Office Duties

Note: This document is to only be used as a reference. For a more detailed assessment of the duties prescribed to the GO HELP office, please refer to appropriate code sections.

WV State Code	Key Focus Area	Activities within Focus Area
§16-29H- 4	General Duties	A. Purchase or enter into contracts or agreements
		в. File suit
		c. Evaluate and advise state agencies on improving efficiencies and reducing costs through interagency agreements to enter into contracts
		D. Participate in regional or multistate purchasing alliances or consortia
		E. Make health reform recommendations on strategy to the Governor and the Legislature
		F. Develop and implement programs, projects and initiatives to achieve the purposes of this article, including initiating, evaluating and promoting primary-care medical homes
		G. Evaluate and offer, if resources become available, a grant program for local communities to encourage healthy lifestyles in collaboration with the Healthy Lifestyles Coalition

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		н. Shall employ staff as necessary to carry out duties
		I. Shall prepare and submit to the Governor and the Legislature annual proposed appropriations for the next fiscal year for GO HELP
		J. Shall submit annual report separate from the strategic plan by January 1 of each year to the Governor and the Legislature on the condition, operation and functioning of GO HELP
		к. Shall supervise the fiscal management and responsibilities of GO HELP
		L. Recordkeeping of all GO HELP activities
		м. Director may convene focus groups, polls and other tools to determine focus of GO HELP
		N. Director may propose rules
§16- 29H-5	Health Enhancement and Lifestyle Planning Advisory Council	A. The ministerial duties of the advisory council shall be administered and carried out by the Governor's Office of Health Enhancement and Lifestyle Planning.

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		B. The Director of the Governor's Office of Health Enhancement and Lifestyle Planning shall serve as chairperson of the advisory council.
		c. The advisory council shall keep a complete and accurate record of all its meetings according to section five, article nine-a, chapter six of this code.
§16- 29H-4; §16- 29H-6	Five Year Strategic Plan	 A. Develop a five-year strategic plan for implementation of West Virginia's health care system reform initiatives together with recommendations for administration, policy, legislative rules or legislation 1. Development of pilot projects for patient-centered medical homes 2. Prioritization of chronic conditions to be targeted for purposes of resource allocation and for greater chronic care management. This should include pilot projects for community-based health teams
		3. Development of standardized prior authorization requirements and processes from insurers
		 4. School Based Initiatives a. The preservation and allocation of recess time b. Continuing education for school food personnel and a career hierarchy for food personnel c. School-based physical education coordinators d. Placement of a dietician in each regional education service

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		area throughout the state e. Implementation of school-based initiatives to achieve greater dietary consistency in West Virginia's school system and to gain greater physical fitness from students
		5. Development of community-based projects designed for the construction, development and maintenance of bicycle and pedestrian trails and sidewalks
		6. Development and implementation of universal wellness and health promotion benefits
		7. Continued promotion and support for efforts to decrease the number of West Virginians using tobacco products
		8. Necessary changes that will increase small businesses who offer available health insurance as a benefit of employment
		9. Development of goals to further improve health care delivery in West Virginia.
		10. Measurement of progress of health care providers and physicians to the adoption and use of electronic medical records in their offices
		11. Collaboration on HIT with the WV HIN, BMS and other appropriate

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		entities which shall include: a. Develop a collaborative approach for HIT b. Facilitating and encouraging ongoing projects such as electronic medical record resources in community health clinics c. Encouragement of continued development of hospital systems and deployment of hospital-supported electronic medical records d. Development of strategies to encourage greater adoption and use of electronic medical records e. Development of EMR, utilizing the Certification Commission for Health Care Information Technology as the minimum standard f. Development of funding mechanisms that provide initial start up funds for sustainability of EMR g. Exploration of federal funding to ensure the most efficient and cost-effective means of meeting the state's HIT objectives
§16- 29H-4; §16- 29H-7	Coordination with Higher Education	 A. Provide professional development on emerging health care policies and contracting for health care services B. Develop curricula focused on a chronic care model to reflect the MDT approach to the delivery of health care services C. Develop curricula for technology-centered jobs that would further the state's efforts in moving toward the broader use of electronic health records

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§16- 29H-8	Reducing Prescription Drug Prices	A. Rule-making authority previously granted to the Pharmaceutical Cost Management Council to require the reporting of pharmaceutical advertising costs
		B. Advertising costs for prescription drugs, based on aggregate national data, shall be reported to the GO HELP
		c. Authorized to revise existing legislative rules that establish time lines, the documentation, form and manner of reporting required, and determine necessary changes to existing legislative rules to effectuate the purposes of this article.
		D. The director shall include in his or her annual report to the Legislature, in an aggregate form, the information provided in the required reporting.
		E. The director is authorized to consider strategies by which West Virginia may manage the increasing costs of prescription drugs and increase access to prescription drugs for all of the state's residents
§16- 29H-4; §16- 29H-9	Pilot Projects- Preventative Health Care Pilots and Patient Centered Medical	A. Work with the Health Care Authority to ensure that the preventive health care pilots are implementing a primary-care medical home model
2311 3	Homes	B. The Governor's Office of Health Enhancement and Lifestyle Planning shall consult with the Bureau for Medical Services and the Public Employees Insurance Agency on current medical home pilot projects which they are

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		operating for their membership population. c. The director shall evaluate these programs in consultation with the Commissioner of the Bureau for Medical Services and the Director of the Public Employees Insurance Agency for a means to expand these beyond the populations currently being served by these pilots.
		D. The director shall develop four varying types of patient-centered medical home pilots based upon what is outlined in §16-29H-9 and promulgate rules as outlined necessary by the code.
		E. Establish by guidelines, criteria to evaluate the pilot program.
		F. No later than December 1, 2009, and annually thereafter during the operation of the pilot program, must submit a report to the Legislature on progress made by the pilot project including suggested legislation, necessary changes to the pilot program and suggested expansion of the pilot program.